

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4	/						54		/				
5		/					55	/					
6		/					56		/				
7		/					57	/					
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15	/						65		/				
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37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42	/						92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.							TOTAL IND.	23					
TOTAL DEP.							TOTAL DEP.	43					
TOTAL CLAIMS							TOTAL CLAIMS	66					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS